MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (175)

12942

CERTIFICATE OF DEATH

Reg. Dist. No. 250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Greensboro R. F. D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James G. Black

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Single.

B (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 21 - 1917

8. AGE:

Years	Months	Days	If less than one day
22	11	9	hrs. min.

9. Birthplace: Greensboro Caroline Md.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Henry Black
13. Birthplace: Md
MOTHER 14. Maiden name: Mary Henry.
15. Birthplace: Md.
16. Informant: Manny Bartell
Address: Greensboro Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 12, 1940 (month) (day) (year)
Cemetery or crematory: Union
Location: Near Greensboro Md
18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md
19. Dec. 12 1940 Elizabeth K. Nickerson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9 1940, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,
and that I last saw h alive on 19.

	DURATION
Immediate cause of death: Fractured Vertebral Cervical Fractured basal skull	
Due to: Fractured rt. ulna and radius.	
Due to:	
Other conditions: Lacerated scalp.	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations: Struck by automobile Dec 9 1940.
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:
Accident, suicide, or homicide: accident Date of: 12-9-40
Where did injury occur? (City or town) Anglesea (County) Md (State)
Injured at home, farm, industry, public place (where?): State Highway
Means of injury: Automobile Struck by

23. SIGNATURE: Samuel Price M.D.
M. D. or other
Address: Centreville Md Date signed: 12-9-40

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JAN 6 1941
BUREAU V. S.

12943

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:
County: Queen Anne
City or town: Grasonville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 1/2 hour.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Stevensville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Conwell Bordley.

3. (b) Social Security Number ✓

4. Sex: Male
5. Color or race: ~~White~~ Col.
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife: None
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years: 4 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Oyster Tonger
11. Industry or business: oystering

FATHER
12. Name: unknown
13. Birthplace

MOTHER
14. Maiden name: unknown
15. Birthplace

16. Informant: Alexander Bordley
Address: Stevensville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 2 1941 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Stevensville - Md.

18. Funeral director: Frank Thomas
Address: Stevensville - Md

19. Jan. 2 1941 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 30 1940, at 6:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ..., to ... 19 ...
and that I last saw h... alive on ... 19 ...

	DURATION
Immediate cause of death: Asphyxia.	
Due to: Drowning.	1.
Due to:	
Other conditions: Fell from wharf Kent Island narrows. (Include pregnancy within 3 months of death)	

Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of 12-30-40
Where did injury occur? Kent Island (City or town) Narrows (County) (State)
Injured at home, farm, industry, public place (where?) Public place
Means of injury: Drowning Injured at work? NO

23. SIGNATURE: Samuel J. Price M D
M. D. or other
Address: Queenstown Date signed: 12-31-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

(M)

(1) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

12944

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne Co

City or town Centreville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Centreville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna H. Davis

3. (b) Social Security Number

4. Sex F

5. Color or race W.

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1861

8. AGE: Years 79 Months 8 Days 23 If less than one day hrs. min.

9. Birthplace Centreville Md (Town, county, and state)

10. Usual occupation Home Abc

11. Industry or business Own home

FATHER 12. Name Thomas Davis

13. Birthplace Centreville Md

MOTHER 14. Maiden name Mary Baynard

15. Birthplace Centreville Md

16. Informant Mr. T. Harold Davis

Address Washington D.C.

17. Burial (Burial, cremation, or removal Which?) Date thereof Dec 27, 1940 (month) (day) (year)

Cemetery or crematory Chesterfield

Location Centreville

18. Funeral director Wm. H. Good

Address Church Hill Md

19. Dec. 26 1940 (Date rec'd by registrar) Maurice S. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1940, at 10 15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1940, to Dec. 25 1940, and that I last saw her alive on Dec. 24 1940

Immediate cause of death Acute Dilatation of the heart.

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. B. McPherson M. D. or other

Address Centreville Date signed 12/26/40

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JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-1

12945

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:
County Queen Anne's
City or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Annes
City or town Mar Stevensville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Josephine M. Denny

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widow
6.(b) Name of husband or wife: Wm E. Denny
6.(c) If alive, give age: Deceased years
7. Birth date of deceased (mo., day, yr.): Feb. 10 - 1879
8. AGE: Years 61 | Months 10 | Days 1 | If less than one day: hrs. min.
9. Birthplace: Kent Island Md.
(Town, county, and state)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: Thomas K. White
13. Birthplace: Chesley Md
MOTHER 14. Maiden name: Julia E. Winchester
15. Birthplace: Westminister Md
16. Informant: Walter Denny
Address: Stevensville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 13-1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Stevensville
16. Funeral director: F. C. Thomas
Address: Stevensville
19. Dec 11 - 1940 (Date rec'd by registrar) F. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1940, at 2 45 a M
21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from April 1935, to Dec. 11 1940
and that I last saw h alive on Dec. 10 1940.

Immediate cause of death: Carcinoma of Cervix uteri and metastases — DURATION: 6 Years
Due to: in broad ligaments & intestines
Due to: recto vaginal fistula — 5 Years
Other conditions: Atypic entero-colitis — 2 Years
(Include pregnancy within 3 months of death)

Major findings of operations: biopsy & Radium Treatment May 1935. Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE Teodor Sattelmaier M. D. or other
Address Stevensville Date signed 12/14/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 7 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12946

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Annes

City or town Chester
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) About 2 years

Stay in this community (yrs., or mos., or days) all her life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Annes

City or town Chester Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Dorothy Frances Hazelton

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 7th 1924

8. AGE: Years 25 | Months 11 | Days 24 | If less than one day ____ hrs. ____ min.

9. Birthplace Chester Md
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Jeremiah Hazelton
13. Birthplace Kent Island, Md.

MOTHER
14. Maiden name Lottie Richardson
15. Birthplace Kent Island Md

16. Informant Lottie Hazelton

Address Chester Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 3rd 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Chester Md

18. Funeral director F. C. Thomas

Address Stevensville

19. Dec 2nd 1940 (Date rec'd by registrar) F. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1st 1940, at 1 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1940 to Dec. 1st 1940 and that I last saw h 4 alive on Dec 1st 1940.

Immediate cause of death: Tuberculosis of lungs

Due to: Influenza

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 4 years Exactly 1940 Sept.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Theodor Sattelmeier M. D. or other

Address Stevensville Date signed 12/4/40

RECEIVED
JAN 7 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164c)

12947

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County: Queen Anne

City or town: Love Point (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: New York County: Long Island

City or town: Lynbrook (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Leyland B Hendrickson Jr

3. (b) Social Security Number: 082 03 5775

4. Sex: Male

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Irene Shelby Hendrickson

6.(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): 8-18-1908.

8. AGE: Years: 32 Months: 4 Days: 11 If less than one day: hrs. min.

9. Birthplace: New York. (Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: Photographer

FATHER 12. Name: Leyland B Hendrickson Jr

13. Birthplace: New York.

MOTHER 14. Maiden name: Effie B Fowler

15. Birthplace: New York.

16. Informant: Irene Hendrickson

Address: Lom. Point Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 31-40 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Hampstead, Long Island

18. Funeral director: Barton Bros

Address: Centreville, Md.

19. Dec 30 1940 (Date rec'd by registrar) F.C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 29 1940, at 7.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Compound fracture skull

Due to: Complete destruction

Due to: Skull & Brain.

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of 12-29-40

Where did injury occur? Love Point, Queen Anne, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Shot Gun Injured at work? Home

23. SIGNATURE: Samuel J Price M.D. M. D. or other

Address: Deputy Medical Examiner. Queenstown Date signed 12-29-40

RECEIVED
JAN 7 1941
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-B)

12948

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Anne's

City or town Stevensville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 47 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Queen Annes

City or town Stevensville (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Ella Coral Hoxter

3. (b) Social Security Number —

4. Sex: Fe

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: Henry Clay Hoxter Deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 6 - 1870

8. AGE: Years 70 | Months 11 | Days 0 | If less than one day ..... hrs. ..... min.

9. Birthplace: Germany (Town, county and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Coral
13. Birthplace: Germany

MOTHER
14. Maiden name: Miller
15. Birthplace: Germany

18. Informant: Mrs Mary Thomas

Address: Stevensville Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Dec 8-1940 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Stevensville

18. Funeral director: Frank C. Thomas

Address: Stevensville

19. Dec 7 1940 (Date rec'd by registrar) F. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 6th 1940, at 1:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1940, to Dec. 6 1940 and that I last saw b.u. alive on Dec 6 1940

Immediate cause of death: Papillo - carcinoma of bladder metastases in rectum + female organs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: about one year 6 months

Major findings of operations: biopsy

Date of op. Sept. 1940

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Theodor Sattelmaier M. D. or other

Address: Stevensville Date signed 12/7/40

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12949

CERTIFICATE OF DEATH

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Anne's
City or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Q. A.
City or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME James Edward Johnson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) September 17-1937

8. AGE: Years 3 | Months 2 | Days 15 | If less than one day ..... hrs. ..... min.

9. Birthplace W. Stevensville Md
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name James E. Johnson
13. Birthplace Kent Island Md

MOTHER 14. Maiden name Ida Nickson
15. Birthplace Kent Island Md

16. Informant James E. Nickson
Address W. Stevensville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 4-1940 (month) (day) (year)
Cemetery or crematory W. Stevensville Md.
Location

18. Funeral director F. C. Thomas
Address Stevensville. Md.

19. Dec 3 1941 (Date rec'd by registrar) F. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3 1940 at 9 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1st 1940 to Dec. 3 1940 and that I last saw him alive on Dec. 2. 1940

Immediate cause of death	DURATION
Whooping Cough	2 weeks
Due to Bronchial pneumonia (both lds.)	3 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Leodor Sattelmaier M. D. or other
Address Stevensville Date signed 12/31/41

RECEIVED
JAN 7 1941
BUREAU V. S.

12950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
County: Queen Anne
City or town: Mr Tuscarora
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Queen Anne
City or town: Mr Tuscarora
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME Ida Jump

3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Robert H. Jump
6.(c) If alive, give age 80 years
7. Birth date of deceased (mo., day, yr.) Oct 17 – 1857

8. AGE: Years 83 | Months 1 | Days 26 | If less than one day ..... hrs. ..... min.

9. Birthplace: Talbot Co
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: Jas Banning
13. Birthplace: Talbot Co
MOTHER
14. Maiden name: Miss Tyler
15. Birthplace: Do not know
16. Informant: Mrs Sallie M. Whitby
Address: Tuscarora, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 16 40 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton, Md.
18. Funeral director: Barton Bros
Address: Centreville, Md
19. Dec 14 – 1940 (Date rec'd by registrar) Maurice S. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 13 1940, at 11 20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1940, to Dec 13 1940 and that I last saw her alive on Dec 13 1940

Immediate cause of death	DURATION
Coronary Thrombosis	3 days
Due to: Generalized Arteriosclerosis	[illegible]
Due to:	
Other conditions: Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: C. R. Loy Con MD M. D. or other
Address: Centreville Md Date signed 12-14-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12951

1. PLACE OF DEATH

County Queen Anne Registration Dist. No. 251

Village or City Hayden No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charles Kilson If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Florence Kilson

6. DATE OF BIRTH (month, day, and year): Dec. 24, 1899

7. AGE: Years 40 | Months 11 | Days 25 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Queen Anne Co. Maryland

FATHER

13. NAME: Kilson

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mary E. Kilson 407 E. 5th St - Wilm. Del.

18. BURIAL, CREMATION, OR REMOVAL Place: Roseville Cem. Date: Dec. 21, 1940

19. UNDERTAKER (Address): Wm. H. Good Church Hill

20. FILED: Dec. 20, 1940 W. H. Good Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1940, to Dec 18, 1940

I last saw him alive on Dec 18, 1940; death is said to have occurred on the date stated above, at 3 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	10 da.

Other Contributory Causes of Importance:

Pulmonary Tuberculosis	2 yrs

Name of operation ___ Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did Injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Charles H. Stoneyfer M.D.

(Address) Queen Ann Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JAN 7 1941
BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12952

(159)

1. PLACE OF DEATH

County Queen Anne Registration Dist. No. 61

Village or City ("Bridgetown"), Henderson Post office No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby girl Melvin If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 28 1940

7. AGE Years | Months | Days | If LESS than 1 day, 18½ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ("Bridgetown")

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Henderson Post office Md.

FATHER

13. NAME Morris Melvin

14. BIRTHPLACE (city or town) (State or country) Sandtown Delaware

MOTHER

15. MAIDEN NAME Anna Mae Steele

16. BIRTHPLACE (city or town) (State or country) Henderson Md.

17. INFORMANT (Address) Morris Melvin Henderson Md.

18. BURIAL, CREMATION, OR REMOVAL Place Bridgetown Date Dec. 29, 1940

19. UNDERTAKER (Address) Morris Melvin (Father) Henderson, Md.

20. FILED Dec. 29, 1940 L. Mae Pippin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 28, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1940, to —, 19__

I last saw her alive on Dec. 28, 1940; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature

Date of onset

Other Contributory Causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19__

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles H. Hoffman M. D.

(Address) Greensboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JAN 3 1941
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-E)

12953

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:
County: Queen Anne
City or town: Queenstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Queen Anne
City or town: Queenstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Charles Mauship Melvin

3. (b) Social Security Number: ✓ none

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed

8.(b) Name of husband or wife: Annie E. Melvin
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 22 - 1857

8. AGE: Years 83 | Months 2 | Days 22 | If less than one day ..... hrs. ..... min.

9. Birthplace: Queen Anne Co. Md.
(Town, county, and state)
10. Usual occupation: Farming
11. Industry or business: Telling the Soil
FATHER
12. Name: Samuel Melvin
13. Birthplace: Q. A. Co
MOTHER
14. Maiden name: Julia Robinson
15. Birthplace: Q. A. Co
16. Informant: Clarence M. Melvin
Address: Millington - Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 22-'40 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Md
18. Funeral director: Barton Bros
Address: Centreville, Md
19. Dec. 21 - 1940 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 19 1940 at 7 a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 1 1939 to Dec 19 1940
and that I last saw him alive on Dec 18th 1940

Immediate cause of death: Carcinoma of axillae, cervical glands and media stinal glands.

Due to: Glands.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: 2 yrs.

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Samuel Price Md
M. D. or other
Address: Queenstown Date signed: 12-19-40

RECEIVED
JAN 6 1941
BUREAU V. S.

12954

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 26 V

1. PLACE OF DEATH:

County Queens Anne

City or town Sudlersville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Queen Anne

City or town Sudlersville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME James Thomas Nickerson

3. (b) Social Security Number NONE

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of ~~husband or~~ wife Ethel R. Nickerson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15 1864

8. AGE: Years 76 | Months 8 | Days 7 | If less than one day hrs. min.

9. Birthplace Kent, Maryland
(Town, county, and state)

10. Usual occupation Grain Dealer

11. Industry or business

FATHER
12. Name J. E. Nickerson
13. Birthplace Maryland

MOTHER
14. Maiden name Elizabeth Van Trump
15. Birthplace Maryland

16. Informant Mrs Ethel Nickerson
Address Sudlersville Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec 26 1940
(month) (day) (year)

Cemetery or crematory Sudlersville

Location Sudlersville, Md.

18. Funeral director Ralph H. Aisilton Inc
Address Chestertown, Md

19. 12/23 1940 C. H. Anderson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1940, at 4 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jun 1940 to Dec 22 1940, and that I last saw him alive on Dec 21 1940.

Immediate cause of death Acute Cardiac Dilatation

Due to Chronic Nephritis

Due to Chronic Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide —
Date of
Where did injury occur? —
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury —
Injured at work?

23. SIGNATURE C. H. Whealer
M. D. or other
Address Sudlersville Md
Date signed 12/22/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12955

Reg. Diat. No. 254

1. PLACE OF DEATH:
County: Queen Anne's Co
City or town: Grasonville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: Grasonville (outside)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Baby boy Palmer

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	Col.	

8.(b) Name of husband or wife
8.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			..... hrs. ..... min.

9. Birthplace: Grasonville
(Town, county, and state)
10. Usual occupation
11. Industry or business

FATHER
12. Name: William Thompson
13. Birthplace: East New Market Md.

MOTHER
14. Maiden name: Mary Catherine Palmer
15. Birthplace: Taylor's Island, Md.

16. Informant: Mother
Address: Grasonville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 17-1940 (month) (day) (year)
Cemetery or crematory
Location: at home nr. Grasonville

18. Funeral director: none
Address

19. Dec. 16 19 40 - Helen M. Aeding
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 16 19 40, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h... alive on ..... 19.....

Immediate cause of death	DURATION
Premature birth	
Stillborn	mens VII
Due to: congenital lues	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Theodor Sattelmaier M. D. or other
Address: Stevensville Date signed: 12/16/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (54-B)

12956

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:
County: Queen Anne
City or town: Mr Carmichael
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 11 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State: Md. County: L. A.
City or town: Mr. Carmichael
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Robert Oliver Patchett

3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Single ✓
6.(b) Name of husband or wife
6.(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.): Feby 3 - 1933

8. AGE: Years 7 | Months 10 | Days 1 | If less than one day ... hrs. ... min.

9. Birthplace: Centreville, Md
(Town, county, and state)
10. Usual occupation: none
11. Industry or business
FATHER
12. Name: Frank "Patchett Jr
13. Birthplace: Easton, Md
MOTHER
14. Maiden name: Linda Boone
15. Birthplace: Mt Tuscaloosa, Md
16. Informant: Mr Frank Boone
Address: Tuscaloosa, Md
17. Burial (Burial, cremation, or removal, which?) Date thereof: Dec 7-40 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville
18. Funeral director: Barton Bros
Address: Centreville, Md
19. Dec. 7 (Date rec'd by registrar) 1940 Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 4- 1940, at 8:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to Dec 4- 1940
and that I last saw h. min alive on Dec 3- 1940

Immediate cause of death: Neuro-cytoma of right gasserian ganglion (autopsy)
Due to
Due to
Other conditions: Inanition
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations
Date of op.
Autopsy results: Same.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: no Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Md Date signed: 12/5-40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

12957

Reg. Dist. No. 353

1. PLACE OF DEATH:
County: Queen Annes
City or town: Stevensville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? all his life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Annes
City or town: Stevensville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Thomas Pinggold Price

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Rosa Perry Price
6.(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): July 10 - 1864

8. AGE: Years 76 | Months 5 | Days 3 | If less than one day: hrs. min.

9. Birthplace: Kent Co. Maryland (Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business

FATHER 12. Name: Joseph Price
FATHER 13. Birthplace: Kent Co. Md.

MOTHER 14. Maiden name: Mary Pinggold
MOTHER 15. Birthplace: Kent Co Maryland

16. Informant: Marian Price
Address: Stevensville Md

17. (Burial, cremation, or removal. Which?) Burial — Date thereof: Dec 15 - 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Stevensville

18. Funeral director: F. C. Thomas
Address: Stevensville

19. Dec 14 1940 (Date rec'd by registrar) F. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 13 1940, at 3 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 23 1940, to Dec. 13 1940 and that I last saw h.. alive on Dec. 13 1940

Immediate cause of death	DURATION
Arterio sclerosis	3 years
Due to: Coronary Sclerosis	6 months
Due to: Angina pectoris	6 months
Other conditions: coronary Thromboses (Include pregnancy within 3 months of death)	Dec. 13. 1940

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Theodor Sattelmaier M. D. or other
Address: Stevensville Date signed 12/14/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1941
BUREAU V. S.

12958

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (133-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: Queen Anne ~~Kent~~ Co.

County

City or town Chester md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) lifetime.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Queen Annes

City or town Chester Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Edmond. Richardson

3. (b) Social Security Number

4. Sex: m

5. Color or race: C

6. (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife Heneretta Richardson

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) June about 1860.

8. AGE: Years about 80 | Months — | Days — | If less than one day — hrs. min.

9. Birthplace Chester md Kent, Co. (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business —

FATHER 12. Name George Richardson

13. Birthplace maryland.

MOTHER 14. Maiden name Unknown.

15. Birthplace " "

16. Informant Heneretta Richardson

Address Chester md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-25-40 (month) (day) (year)

Cemetery or crematory Cemetery.

Location Chester md.

16. Funeral director Lewis a. Henry.

Address 222 Cedar St Cambridge md.

19. Dec 23 1940 F. C. Thomas Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1940, at 1 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1940 to Dec 23 1940, and that I last saw him alive on Dec. 22 1940.

Immediate cause of death: Arteriosclerosis — DURATION 4 Days

Due to hypertrophy of prostatic gland 1270 — 1½ Days

Due to cystitis & pyelitis chronic 1 Day

Other conditions broncho-pneumonia 1330 (hypostatic) 108 — 3 Days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Theodor Sattelmaier M. D. or other

Address Stevens Ville Date signed 12/23/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Palmer,

RECEIVED
JAN 7 1941
BUREAU V. S.

12959

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County: Queen Anne

City or town: Chester.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Bruce A. Roberts

3. (b) Social Security Number 220-03-1173.

4. Sex: Male

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: widower

6.(b) Name of husband or wife: Rosie Locks (deceased)

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): November 9-1881

8. AGE: Years 59 | Months 1 | Days 24 | If less than one day ... hrs. ... min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Oyster Shucker.

11. Industry or business: oyster

FATHER
12. Name: Peter Roberts
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Mary Farrow
15. Birthplace: Maryland.

16. Informant: Lewis Baynum

Address: Cambridge.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 6-1940 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Cambridge Md

18. Funeral director: Lewis Baynum

Address: Cambridge Md

19. Dec 3- 1940 (Date rec'd by registrar) F. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 3 1940, at 3 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...

and that I last saw h... alive on ... 19...

Immediate cause of death: Coronary occlusion — DURATION: 1 day

Due to: No physician in attendance.

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Samuel J. Price M. D. or other

Deputy medical examiner

Address: Queenstown Date signed 12-3-40

VS A15

(I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1941
BUREAU V. S.

12960

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52-B

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne

City or town Centreville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Centreville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sanford Ewell Spry

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 25 - 1864

8. AGE: Years 76 | Months 1 | Days 21 | If less than one day ..... hrs. ..... min.

9. Birthplace Church Hill, Queen Anne Co. Md.
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name John L. Spry
13. Birthplace Queen Anne Co. Md

MOTHER
14. Maiden name Emma Cahoon
15. Birthplace Delaware

16. Informant Miss Annie Spry
Address Centreville Maryland

17. Burial Date thereof Dec 18-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Church Hill, Maryland

18. Funeral director Barton Bros
Address Centreville, Md

19. Dec. 18 1941 Mamie S. Bright
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16th 1940, at 10:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-20 1940, to Dec 12 1940 and that I last saw him alive on Dec. 13 1940

Immediate cause of death Bronchopneumonia

Due to

Due to

Other conditions Curvature of the bladder

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. J. McPherson M. D. or other

Address Centreville, Md Date signed 12/17-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 6 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-c)

CERTIFICATE OF DEATH

12961

Reg. Dist. No. 250

1. PLACE OF DEATH:

County: Queen Anne

City or town: Millington (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mrs. Robins Nursing home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 41 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Q Kent

City or town: Galena Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Galena, Md. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Edgar Steel

3. (b) Social Security Number: 053-07-5679

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	Single

B (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 30 1899

8. AGE:

Years	Months	Days	If less than one day
41	5	11	____ hrs. ____ min.

9. Birthplace: Delaware (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Miscellaneous

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Mrs. Martha Jackson

Address: Galena Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/12/40 (month) (day) (year)

Cemetery or crematory: Galena Cemetery

Location: Galena Kent Co. Md

18. Funeral director: Marvin V. Williams

Address: Chestertown Md.

19. 12/11 1940 (Date rec'd by registrar) G. W. Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 11 1940, at 5:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 5 1940, to Dec. 11 1940, and that I last saw him alive on Dec. 10 1940.

Immediate cause of death: Chronic endocarditis

Due to: Acute Rheumatic Fever During Childhood

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: A. F. Whitsitt, M.D. (M. D. or other)

Address: Chestertown, Md. Date signed: 12/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

30"
7'6"

RECEIVED
JAN 6 1941
BUREAU V. S.

12962

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County: Queen Anne

City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME John Alexander Trunsle

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Annie Barry Trunsle

6.(c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) Dec 12 — 1859

8. AGE: Years 81 | Months x | Days 13 | If less than one day ... hrs. ... min.

9. Birthplace: Montgomery Co - Md
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business: "

FATHER
12. Name: Thomas Trunsle
13. Birthplace: Montgomery Co, Md

MOTHER
14. Maiden name: Miss Jones
15. Birthplace: Montgomery Co - Md

16. Informant: Mrs. W. A. Thanington
Address: Centreville - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 27-40 (month) (day) (year)

Cemetery or crematory: Chesterfield

Location: Centreville

18. Funeral director: Barton Bros.
Address: Centreville, Md.

19. Dec. 27 1940 (Date rec'd by registrar) Mamie S. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 25th 1940, at 3 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st 1939, to Dec. 25 1940 and that I last saw him alive on Dec. 24 1940

Immediate cause of death: Chronic Valvular disease of the heart.

Due to

Due to

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: H. B. McPherson M. D. or other

Address: Centreville, Md Date signed 12/26 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

12963

CERTIFICATE OF DEATH

Reg. Diat. No. 253

1. PLACE OF DEATH: Queen Anne's
County
City or town Chester
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Anne
City or town Chester
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary Alice Twigg

3.(b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6.(b) Name of husband or wife John A. Twigg
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1856

8. AGE: Years 84 | Months 4 | Days 2 | If less than one day ..... hrs. ..... min.

9. Birthplace Salisbury Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Beecher H. White
13. Birthplace Salisbury, Md.

MOTHER
14. Maiden name Elizabeth White
15. Birthplace Salisbury, Md.

16. Informant Mrs. Nettie Thumlert
Address 19 S. Franklin Rd. Balto. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 23, 1940 (month) (day) (year)
Cemetery or crematory Stevensville
Location Stevensville, Md.

18. Funeral director Maurice E. Newman & Son
Address Easton Md.

19. Dec 21 1940 F. C. Thomas
(Date rec'd by registr.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1940 at 1a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 27th 1940 to Dec. 20 1940
and that I last saw h.. alive on Dec. 20 1940

Immediate cause of death	DURATION
Arterios clerosis	3 Years
Due to chronic interstitial nephritis	2 Years
Due to dementia arterioscleroticu	1 Year
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Theodor Sattelmaier M. D. or other
Address Stevensville Date signed Dec 21. 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 7 1941
BUREAU V. S.

12964

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Anne's

City or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Anne's

City or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME William Martin Willis

3. (b) Social Security Number #

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Salome Willis

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Oct. 28 1874

8. AGE: Years 66 | Months 2 | Days | If less than one day ... hrs. ... min.

9. Birthplace Hazelville Kent Co. Del.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Wm M Willis
13. Birthplace Kent Co. Del

MOTHER
14. Maiden name Ruth Edna Adams
15. Birthplace Adamsville Del.

16. Informant Wm Allan Willis (son)

Address Stevensville Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Dec 30-1940
(month) (day) (year)

Cemetery or crematory Hollywood

Location Harrington Del.

16. Funeral director F. C. Thomas & Son

Address Stevensville

19. Dec 28 1940 F. C. Thomas Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1940, at 2a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 10 1940, to Dec. 27 1940

and that I last saw him alive on Dec. 27 1940

Immediate cause of death	DURATION
Arteriosclerosis	3 years
Due to chronic interstitial nephritis	2 years
Due to Arthritis deformans	6 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Theodor Sattelmaier
M. D. or other

Address Stevensville Date signed 12/30/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12965

1. PLACE OF DEATH (92d)

County O.A. Registration Dist. No. 252

Village or City Ruthsburg No. O.A. Co. Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Jake Yancy If U.S. Veteran specify WAR

(a) Residence: No. O.A. Co. Home St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
about	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ? (State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Wm. B. Kinney (Address) Centreville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place O.A. Co. Home Date 12-23, 1940

19. UNDERTAKER Wm. B. Kinney (Address) Centreville

20. FILED 12/21, 1940 Mamie S. Bright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) - 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1940, to Dec. 21, 1940

I last saw him elive on Dec 20, 1940; death is said to heve occurred on the date stated above, et 10 m.

The **PRINCIPAL CAUSE OF DEATH** and releted causes of Importance were as follows:

	Date of onset
Chronic Valvular disease of the heart	

Other **Contributory Causes** of Importance:

Uterus-Sclerosis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did Injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) H. F. McPherson M. D.

(Address) Centreville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN